



Supporting Our Youth in PRI Communities

The Student Assistance Prevention Intervention Services Program

By Dixie Grunenfelder, SAPISP Supervisor, OSPI

The Student Assistance Prevention Intervention Services Program (SAPISP) has a long-standing history in Washington State. In 1989, to directly address concerns regarding student substance use, the state Legislature passed the Omnibus Alcohol and Controlled Substances Act (ESSHB 1793). This created the Drug and Alcohol Abuse Prevention and Early Intervention in Schools Program now known as SAPISP. Currently funded by the Substance Abuse and Mental Health Services Administration's Prevention Block Grant, the program is administered by the Office of Superintendent of Public Instruction (OSPI) in partnership with the 9 regional Education Service Districts (ESDs) across the state.

Based on the best practice program Project SUGCESS (Schools Using Coordinated Community Efforts to Strengthen Students) the SAPISP serves as the key school-based component of the DBHR-sponsored Prevention Redesign Initiative and is designed to prevent and reduce substance use among students 12 to 18 years of age. The program includes four major components:

- The Prevention Education Series (PES) to help students identify and resist pressures to use substances, correct misperceptions about the prevalence and acceptability of substance use, and understand the consequences of substance use.
- School-wide activities and promotional materials to increase the perception of the harm of substance use and positively change social norms about substance use.
- A parent program that includes informational meetings and parent education.
- Individual and group support, in which students participate in a brief intervention following an individual screening. Students who require more intensive counseling, treatment, or other services are referred to appropriate agencies or practitioners in the community.

2011-12 outcomes for the program are consistent with past years, and are quite impressive. (RMC Research Corporation) **Highlights include:**

- 37% reduction in marijuana use
- 44% reduction in binge drinking
- 56% increase in the perceived risk of marijuana use
- 36% increase in the perceived risk of alcohol use
- 14% reduction in physical fighting

For more information about this program, contact Dixie Grunenfelder at dixie.grunenfelder@k12.wa.us or visit the program webpage at www.k12.wa.us/SAPISP/



The program collects the grades of program participants. At baseline, 38% of program participants were failing 1 or more courses, while at the time of follow up (1 year later), only 10% of participants were failing 1 or more courses.

Classes Failed for Students at Baseline and Follow Up

CLASSES FAILED	BASELINE FALL 2011	FOLLOW-UP FALL 2012
One class	12%	3%
Two classes	8%	2%
Three classes	6%	2%
Four or more classes	12%	3%

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FROM THE DIRECTOR

Chris Imhoff

Director, DSHS-ADSA
Division of Behavioral Health and Recovery

I am pleased to announce that the [Adult Behavioral Health System – Making the Case for Change](#) plan has been finalized. Thank you to all who submitted thoughtful feedback on the draft.

An improved adult behavioral health system will support recovery, provide positive changes for local communities and be accountable and transparent in all of its operations. This document outlines the scope and impact of Mental Health and Substance Use Disorders, proposes solutions that work, and provides a map to get there. Following the lead of the Substance Abuse and Mental Health Services Administration (SAMHSA), the plan will reflect the knowledge that:

- Behavioral health is essential for health.
- Prevention works.
- Treatment is effective.
- People recover from mental illness and substance use disorders

Previous work through the Mental Health Transformation Grant, the Children's Mental Health Redesign, and the Substance Abuse Treatment Expansion Initiative can guide us in establishing meaningful outcomes. There is a need for measures that matter, and to address disparities in outcomes, regardless of the evolving system. Given the impacts of behavioral health disorders on multiple systems, it is imperative that the outcomes be broader than those under our immediate control. The outcomes we have outlined are:

- Improve health status and wellness.
- Increase meaningful activities, including employment and education.
- Reduce involvement with criminal justice systems, including jails and prisons.
- Reduce avoidable costs in hospitals, emergency rooms, crisis services, and jails/prisons.
- Increase stable housing in the community.
- Improve satisfaction with quality of life, including measures of recovery and resilience.
- Decrease population-level disparities

As we transition to a new governor and administration, we will keep you posted on any next steps in this process.

On our homepage this month you will also find information about:

- The latest update about activities connected with the Children's Mental Health Redesign.
- A new grant awarded to DBHR for comprehensive planning to improve the social and emotional well-being of children in foster care. The primary goals of the grant are to streamline and standardize processes to identify and refer children for services, increase capacity to deliver evidence-based practices and trauma-informed care, and coordinate planning between professionals in mental health and child welfare.
- A link to the Liquor Control Board's fact sheet about I-502 Implementation. We will keep you informed as more information becomes available about how the Initiative will impact DBHR-funded prevention and treatment programs. It's important that we continue educating parents and teens about the effects of marijuana use on the developing brain. Information for parents and educators is available at www.drugfree.org. Information about youth treatment for marijuana use is available in our [2010 Trends Report on Alcohol, Tobacco and Other Drugs](#). For more updates visit www.dshs.wa.gov/dbhr.

Warm wishes to all for a safe and happy holiday season.

— Chris

Do you have a success story or news to share?

Send state and community news
and success stories for FOCUS to:
deb.schnellman@dshs.wa.gov

Resources

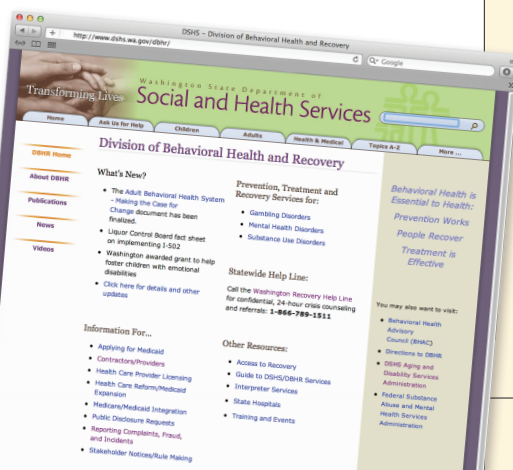
[DBHR website](#)

[Washington Recovery Helpline](#)
1-866-789-1511

[Suicide Prevention Lifeline](#)
1-800-273-8255

[Healthcare Professional Credentialing Requirements](#)

DSHS Secretary
Robin Arnold-Williams
DBHR Director
Chris Imhoff



Program Unleashes the Brilliance of Youth

By Terrell Dorsey

At October's Co-Occurring Disorders Conference we presented our youth empowerment program, Unleash the Brilliance (UTB), sharing our mission, stories and successes. We hope by sharing it here more youth will be helped by its concepts. Our mission is to inspire teens and youth to value education and the process of learning. We share real stories of success and determination as well as perform music, dance and skits as a means to engage a live audience. We use entertainment to stir interest and spark receptivity so that we can position positive persuasive principals.

UTB is about the trajectory of our children. For those kids on the right path, UTB reinforces their direction; for those on the wrong path, UTB shows them a better way. Students learn to:

- think logically and analytically about their future and about the quality of their life as they mature into adulthood;
- exercise impulse control which will empower them to negotiate for understanding, peace and harmony via thoughtful and effective communication;
- gain control of their positive self identity, self confidence and to restore emotional balance to improve self esteem and build character.

Our non-profit program, which began in 2008, serves the entire King County School District. The King County Prosecuting Attorney's Office is sponsoring UTB to present at over 150 King County School District truancy workshops for the 2012-13 school year. We speak and perform presentations at 11 school districts, the Washington Youth Academy, and for many community and state agencies who provide social and health services to youth.

To find out more about UTB, contact Terrell Dorsey at 425-749-8337 or visit our website: www.utbteens@gmail.com and "like" our UTB fan page on Face Book.



“

This past school year Terrell and UTB were a tremendous asset to the truancy workshops. They performed skits, dance, and music for the families who are required to attend due to their child's lack of school attendance, which set the scene for a more relaxed atmosphere. The teens of UTB have faced similar situations and often tell their own stories. This unique approach has allowed the students at the workshops to connect with UTB and listen to the consequences of dropping out of school by talking with people who have recently been there. UTB is a diverse group that is able to reach out to a variety of students.

— Amber Bryant, Truancy Workshop Coordinator, King County Prosecuting Attorney's Office

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< These Face of Frustration/Face of Calm masks will be used at Saturday programs starting in January at the Shoreline School District to inspire and reinforce positive interaction between parents and teens.

DBHR Launches New System for Providers to Communicate Outcomes

In November a new web site was launched (www.scopewa.net) that is available to all DASA-TA and MHD-PI users. The System for Communicating Outcomes, Performance & Evaluation (SCOPE) will combine the functionality of those other two services into a single site. With a single login, you will be able to run both mental health and substance abuse related reports. All reports available on the two older sites will be available on SCOPE.

In addition to combining substance abuse and mental health reporting, SCOPE will give users several new analysis tools and features, including:

- **Charting:** after generating custom tables in the Analyzer, for most queries users will have the option of viewing the results as a chart. Vertical or horizontal bar charts, grouped bar charts and line plots will all be available.
- **Saved queries:** for routine monitoring, many users run the same query month after month as the data is updated. SCOPE will allow users to save queries and re-run them with a single click of a mouse.

- **Expanded Access:** regardless of your role in the treatment system, if you are a registered user of SCOPE you will be able to generate results for the state as a whole, any county or RSN in the state, and any chemical dependency treatment agency. To protect patient confidentiality, if you are generating results for a county or agency that you are not associated with, the results will be rounded to the nearest multiple of 5.

The DASA-TA and the MHD-PI sites have been phased out. If you try to access those sites you will be redirected to the login page of SCOPE. If you are a registered user of DASA-TA, your username and password will work on SCOPE. If you are a registered user of just the MHD-PI site, you will need to re-register on SCOPE.

For questions or comments on this new service, click Contact Us on any page of the SCOPE system and your feedback will be sent to DBHR staff and the developers of the new site.

Health Care and Prevention Providers Combine Efforts for Their Communities

Earlier this year DBHR funded several Primary Care Integration Demonstration projects. These two part projects offered:

- \$3,000 to Prevention Redesign Initiative (PRI) Coalitions to recruit Primary Health Care Providers (PHCP) to join their Coalitions and participate in at least one media engagement or public presentation as spokesperson for the Coalition by the completion of the grant on July 31, 2012.
- Through a competitive application process, four (4) PRI coalitions were selected to receive \$25,000 to implement a six month project supporting the development and documentation of innovative connections and strategies between eligible Coalitions and PHCP.

The integration of health care and prevention is essential to the mission of reducing costs for health care in America. By integrating medical resources and community prevention there is strong research that shows we will reduce the demand for services as well as improve health outcomes.

Who was the target audience for the project? The target audience for these projects included both prevention providers and PHCP who explored new connections in various settings – hospitals, emergency departments, community clinics, and doctor's offices; looking for ways to promote overlapping roles in protecting and preserving the health of the clients they share. When substance abuse prevention services are integrated into healthcare settings, they greatly expand the reach of services to vulnerable and traditionally underserved populations.



Who benefitted from the project? This project and others like it offer the substance abuse prevention field an opportunity to align with larger prevention efforts and to explore how programs, policies and practices aimed at substance abuse prevention can contribute to overall health and lifelong wellness for individuals and communities.

Results and key findings of the coalitions' projects included success in developing ways to increase collaboration with PHCP and the medical field. Some of the lessons learned about bringing substance abuse prevention strategies into the primary health care setting include but are not limited to:

- Sharing the principles of prevention increased collaboration success.
- The importance of listening to PHCP's concerns about substance abuse and how it impacts their patients.
- Understanding a PHCP's engagement in a project may be determined by their ability to see the project as a part of their vision for improving the wellness of their community.
- Providing as much flexibility as possible when scheduling project meetings.
- Making sure expectations are clear (time to participate, staffing required for planning and implementation, and potential systems changes that might be anticipated).
- Having the right staff at the table for the project.
- Keeping your goals realistic.

Implications for relevant stakeholders

The outcomes from these projects will be used by policy makers to help inform Washington State's strategic plan for integrating prevention with Primary Health Care. The projects provide an opportunity to increase the state's knowledge and understanding of the progress that can be made by combining the efforts of prevention providers and PHCP's while working with the clients we both serve. With a focus on building strong communities, the impact on the community could be summarized as: 1) providing direct benefits to individuals and families; 2) stimulating the extent to which prevention can provide resources in a health care setting; 3) raising the profile of prevention strategies as a path to wellness; and 4) providing a unique addition to options available to PHCPs and their patients.

For more information about this initiative contact Julie Bartlett at julie.bartlett@dshs.wa.gov.

MeLinda Trujillo, a DBHR Behavioral Health Program Manager who works with our Oxford House program, received an Oxford House Founders Award at the Oxford House World Convention held in Oklahoma City on September 15, 2012.

Oxford House is an international, self-run program that provides housing to people in recovery. The Oxford House award is given to men and women who have made a lasting contribution to the growth and success of Oxford House. The award, a crystal glass flame, was inscribed: MeLinda Trujillo, for her strength, dedication, wisdom, and tireless leadership for Oxford House. For more information, visit: <http://wa.oxfordhouse.us/>



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I was born and raised in the central area of Seattle. My grandparents raised me because my mother had been diagnosed with schizophrenia and was receiving inpatient treatment at Western State Hospital. All during my childhood I would skip school and hang out at Garfield Park with my older cousins. They were smoking pot and drinking, and they thought it was cool to see me get high.

When I was 11, my grandfather died. He had been the only real male influence in my life, and I began to get more out of control. When I was 14, my grandmother was diagnosed with Alzheimer's disease and placed in a nursing home.

Phillip's Recovery Story



Throughout my teen years I continued to drink and experiment with all kinds of drugs. Although many of my teachers, as well as other adults at community centers and church, told me that I was smart and could be whatever I wanted to be, I never applied myself anywhere but in the street life. I equated success and status with the fancy cars, nice clothes, and money that the hustlers and dealers displayed. I started stealing and running dope for the dealers at an early age. My first job was at a candy store in a strip mall. We sold candy in the store and marijuana out the back alley door.

My drug and alcohol use progressed over the years and led to legal trouble. I joined the Army to avoid going to jail. During that time I began to drink heavily and became a chronic alcoholic within a short time. After returning from a field training assignment, I went on a 3-day pass – for two weeks. I was randomly UA'd and placed in an addiction treatment program. By that time, I was married and living in Arkansas with my wife and two children. I stayed off marijuana, but my drinking got worse and worse. After almost losing my job, my family, and my

military career, I began attending church and an occasional AA meeting and managed to stay clean for several years. During that time I became very active in church and was ordained as a minister of the Church of God in Christ.

Although I was involved in church work and the ministry, I had never really addressed the problem of addiction. After some personal difficulties including a divorce, financial crisis, and a move back to Seattle, I relapsed after nine years of sobriety. This time crack cocaine became my drug of choice, and my life took a nosedive. For about four years, I went through cycles of trying to maintain sobriety. Eventually, I ended up in Detox and in 2005, I went into treatment for the first time at Recovery Centers of King County. At the time, I had no real knowledge about the 12 Steps or AA. Although I had been to a few AA meetings in the past, I never truly understood what recovery was about.

I learned a lot about addiction from the counselors and staff at RCKC. I began to understand it and gain some self-awareness. After my first time in treatment at RCKC, I began to take recovery seriously. The counselors really impressed upon me the need to “work the program” of recovery. I stayed sober for several months, but somehow began to believe that I could safely drink again. Predictably, the result was another relapse! However, this time I had learned enough at RCKC to experience drinking differently. Denial no longer worked – I knew I was addicted and could not get well on my own. I went on to complete treatment in 2007 and have been in recovery ever since.

During my stay at RCKC, I asked the director if he would give me a job. He said that if I stayed clean for one year, he would hire me. On October 1, 2008, I called and reminded him of our conversation. He remembered me and told me to fill out an application. I was hired as an on-call attendant a week later, which led to a full-time position in the Admissions Office. I was learning the skills that others had used to help me get into treatment one year earlier.

While on a lunch break one day, I mentioned to one of the counselors how much I admired what counselors do and that I would like to be a counselor. He took me into his office and helped me apply for admission to Seattle Central Community College. I earned my Associate's degree in Social and Human Services in the winter of 2009. Since I have received my degree, I have been promoted to the counseling department and moved into my own apartment for the first time in six years. These are milestones that I would never have dreamed possible before RCKC and AA/NA changed my life.

I have witnessed lives restored; people who were hopeless and helpless just like me are now in recovery and are leading full and productive lives. I am convinced that if it had not been for the dedication of the counselors and staff at RCKC – and the State ADATSA Program – I could never have come as far as I have. Being able to give back the care and compassion that I received is the most fulfilling thing in my life today. I get to come to work on a daily basis and see lives changed and people without hope transformed and go on to lead useful and happy lives. For that I am extremely grateful.



Port Townsend Coalition Makes Progress with PRI

By Anne Dean and Kelly Matlock

As a part of the Division of Behavioral Health and Recovery's (DBHR) Prevention Redesign Initiative (PRI), the newly formed Port Townsend Coalition (PTC) has spent the last eight months participating in the Communities That Care (CTC) training. CTC is an evidence-based prevention-planning system designed to help coalitions create community plans to tackle adolescent problems of substance abuse, delinquency, pregnancy, violence, and school dropout.

With this opportunity, funded by a DBHR grant, the prevention professionals in Port Townsend have been able to invigorate new community members as well as re-energize seasoned community prevention advocates in the PRI prevention planning process. For the first time representatives from the City Council, Jefferson County Board of Commissioners, the School District Superintendent, school principals and counseling staff, Police Department, Jefferson Healthcare, Public Health, Jefferson Mental Health, Jefferson County Community Network, the business community, as well as many youth serving organizations have come to the table. This unprecedented group of committed community members has taken a deeper look into the needs of our community to evaluate which prevention programs, practices and policies would be most beneficial for Port Townsend.

With the primary emphasis of this work on preventing youth substance abuse, the CTC process has helped the Coalition develop the following values:

- Universal prevention for all youth
- Services, supports and policies that cover the entire lifespan (in-utero to later life)
- Creating easy access/reducing barriers to programs and services
- Reaching out to the most vulnerable, often under-served segments of the community
- Building community capacity through collaboration, partnership and cooperation, especially in a time of limited resources
- Widening and deepening the relationships with public and private schools and home-schooling families

THE CTC PREVENTION PLANNING SYSTEM TRAININGS INCLUDED THE FOLLOWING TOPICS:

Getting Started: DBHR worked with prevention professionals in Jefferson County to choose a community (Port Townsend) and begin the process of readying the community for a thorough, detailed, strategic prevention planning process.

Get Organized: The PTC hosted multiple trainings and one-on-one meetings, including the Key Leader Orientation and Community Board Orientation, to cast a wide net over the Port Townsend community and bring a diverse, engaged and representative planning group to the table.

Develop a Profile: In the Community Assessment Training, the Risk and Protective Factor Assessment Work Group learned about key data sources and how to analyze the data. This training was tailored to help the group interpret survey results and identify elevated risk factors, depressed protective factors, and problem behaviors prevalent among youth in the community. The group then investigated a number of evidence-based programs that address the prioritized community risk and protective factors.

Create a Plan: In the Community Planning and Implementation trainings the Coalition reviewed the community profile in relation to the investigated prevention resources, worked through local social, economic and political issues and decided on the evidenced-based programs most appropriate for Port Townsend. Now PTC members, prevention professionals and other community members are in the process of writing the PRI Strategic Plan.

The PTC would like to thank DBHR for the extraordinary opportunity it has given our community by offering CTC and the consulting services of Rick Cady in the PRI prevention planning process. By increasing our committed coalition membership and the larger community involvement and giving us a deeper understanding and knowledge of prevention science, DBHR and CTC have laid the foundation for a more focused and effective prevention planning process for our community.

For more information, contact Kelly Matlock, PRI Community Coordinator, at kmatlock@co.jefferson.wa.us.

Office of Consumer Partnerships Brings Peer and Family Voice

By Jennifer Bliss

I am very pleased to join the Division of Behavioral Health and Recovery as Senior Manager of the Office of Consumer Partnerships (OCP). The primary mission of the OCP is to bring peer and family voice to DBHR. Part of that mission for me is bringing my own personal experience living successfully in recovery as a person with mental health challenges. Recovery and resilience aren't just catchy words to me; they are a vital part of my life!

One of the Division's goals is to use the voice of those with lived experience with behavioral health challenges in directing programs and services. One of my roles is to solicit input and feedback from peer and family organizations, peer counselors, and individuals and families.

Often this collaboration includes fostering innovative and less traditional services such as training and supporting Certified Peer Counselors, contracting for services in peer-run organizations and supporting integrated housing and opportunities for employment. Many of these programs, including federal programs, require stakeholder involvement. I bring many years' experience as an educator, and particularly enjoy promoting and providing training on Mental Health Advance Directives.

The Office of Consumer Partnerships is a collaborative group of individuals, all with lived

experience, working to promote stakeholder involvement. We are living examples that recovery is possible and that people with behavioral health challenges can live healthy and productive lives! We know that our stories and those of others are powerful in decreasing stigma and increasing understanding and acceptance. The other members of the Office include:

- Jeannette Barnes, *Family Liaison*
- Wanda Johns, *Senior Secretary*
- Ronnie San Nicolas, *Mental Health Program Administrator*
- Bonnie Staples, *Peer Specialist and Mental Health Program Administrator*
- Julian Teodoro, *Administrative Assistant, Department of Corrections*
- Melinda Trujillo, *Behavioral Health Program Manager*
- Aaron Wolfman, *Travel Coordinator*

We are in the process of adding a youth liaison to the team.

OCP members have a long history of providing peer and family representation throughout the division in key leadership

meetings, committees and workgroups. We work in quality improvement, complaints and grievances, contracting, advisory groups and housing and employment. We also support and provide training for our providers in providing recovery-based services and engaging their own clients in Quality Improvement.

OCP goals for this year include building a state-wide stakeholder advisory group for the OCP, adding a Recovery Resource page to the DSHS website, and providing training events to assist peer counselors and peer organizations.

In my position, I report to our Director, Chris Imhoff, and greatly appreciate her consistent advocacy and support of the OCP. It is a privilege to work in the Division and with this team. Please feel free to contact me for additional information or questions at Jennifer.bliss@dshs.wa.gov.



From left to right: Ronnie San Nicolas, Melinda Trujillo, Julian Teodoro, Jennifer Bliss, Wanda Johns

Consortium Focuses on Improving Employment

By Melodie Pazolt

The Division of Vocational Rehabilitation initiated the Washington State Mental Health Consortium (MHEC) in September 2011 with support from the Division of Behavioral Health and Recovery. The Consortium is intended to:

- Bring together a diverse group of stakeholders throughout the state to focus on challenges/opportunities to assist individuals with mental illness to be employed;
- Share new practices that will lead to better employment outcomes for individuals with mental illness;
- Promote coordination and innovation among employment service providers that increases the employment of individuals with mental illness;
- Create new initiatives that will enhance the success of individuals with mental illness to get and keep good paying jobs.

In the four meetings that have been held, the MHEC has absolutely begun to promote coordination and innovation among employment service providers that can increase the employment of individuals with mental illness. Many comments were heard from stakeholders along the lines of "I didn't even know you did that."

The resulting increased knowledge of what the various stakeholders do is a big step towards greater coordination and innovation. Consortium events

have included a presentation by Terry Weber from Employment Security addressing the additional barriers for ex-offenders. Conversations and presentations have occurred to maintain employment services in the era of funding cuts. A panel presentation from the Developmental Disabilities System and their partners on how employment services became a priority within their service delivery system was the focus of one consortium event.

The consortium members identified the need for a resource exchange and communication tool. Mike Hudson from the Association of Washington Business developed an online workspace using PB Works to create a wiki (a website which allows its users to add, modify, or delete its content). The MHEmpCon Wiki is an online workspace created to share information, facilitate discussion and organize communications for the WA State Mental Health Employment Consortium.

Members can edit, create new pages, load documents forms and articles and use the workspace to share resources, events and information to improve employment options and opportunities for people with mental health issues.

If you are interested in becoming a member of the MHEmpCon Wiki or attending the next Mental Health Employment Consortium event, contact Melodie Pazolt at melodie.pazolt@dshs.wa.gov.

Outstanding People and Programs Recognized at COD Conference

In October the Division of Behavioral Health and Recovery presented the Co-Occurring Disorders (COD) Conference with the theme Emerging Solutions to Integrating Care. Presentations and workshops focused on ways behavioral health and primary health care providers can work together to serve our shared customers. Experts from Washington and across the nation shared information about innovative therapeutic techniques, skills, programs, practices and policies. Handouts from several presentations are available at <http://www.co-occurringdisorders-wa.org/>.

CONFERENCE GOALS WERE TO:

- promote services integration across the public mental health, substance use disorder, developmental disabilities, and medical systems;
- promote knowledge about co-occurring disorders and the value of integration, to support the development of a co-occurring capable system of care, and to advocate and partner with others to promote integrated treatment and recovery for all people.
- present each participant with current information that will bring value to their agencies and the patients they serve, and to provide an opportunity to network with friends and colleagues.

Each year our field recognizes exemplary people and programs who are advancing behavioral health in our state. Congratulations to the following awardees:

Therese Winther, Outstanding Service Individual Award

Theresa is the manager for the CD/COD Youth Program at Sound Mental Health (SMH). Theresa was nominated for pursuing the highest level of excellence in individualized, culturally competent, and uniquely tailored services that span across diverse geographical and demographic populations. She has opened new doors for CD and COD providers, consumer youth, and including their families in the recovery journey. Theresa is tireless in mentoring others, she has extraordinary teaching/training abilities and has a unique grasp of understanding of both the clinical and the human side of co-occurring disorders.

Theresa is a tireless champion of youth CD services and COD services at SMH and in our County and Community.



Therese Winther
Outstanding Service

Kitsap Mental Health Services, Innovative Program Award

Kitsap Mental Health Services, Pathways Co-occurring Disorder Treatment Program, has a team of gifted clinicians: Charlotte Anibas, Helen Havens, Linda Segur, Iwona Sypka and Susan Woolley. They are instrumental to integrated co-occurring disorder services at Kitsap Mental Health. Without their diligent work, engaging manners and clinical excellence, no amount of program development or design could be effective.

Each contributes elements from their rich skills and knowledge to provide a diverse menu of resources for our clients:

- **Charlotte Anibas** as a skilled social worker providing triage services with a trauma-informed care emphasis;
- **Helen Havens** experience engaging, providing hope and recovery to those with severe mental illness;
- **Linda Segur's** history as parent educator, trainer, knowledge of attachment theory and pathological gambling to provide developmentally, clinically appropriate interventions;
- **Iwona Sypka's** medical acumen as a mental health and chemical dependency professional focuses on treating the whole person, instrumental in providing interventions that help clients consider their total wellness; and
- **Susan Woolley's** years of experience with women's issues, HIV-AIDS interventions, criminal justice, and tobacco cessation strategies to the team and agency.



From left to right: Iwona Sypka, MA; Linda Segur; Charlotte Anibas; Susan Woolley; Helen Havens

Each assures the very best integrated COD services and message of hope for those they serve. True change agents, they continue on the cutting edge of best and promising practice for integrated COD treatment.

Steve Olsen, Outstanding Service – Individual Award

Steve is the Program Coordinator for Renton Area Youth Services. Steve has patience and understanding for both his clients and families. Steve supports youth in learning self-advocacy, developing a better work ethic and developing a higher sense of self-esteem. Steve demonstrates a high level of professionalism and a deep and caring commitment for the individuals he works with, and their families and communities. Steve was phenomenal in working with youth in the Drug Court system. He made sure his clients had their needs met in the academic and vocational world, and helped them acquire the resources they needed to be successful young adults.



Steve Olsen
Outstanding Service

Jo Ellen Woodrow, Consumer Advocate

Jo Ellen is a friend, colleague, champion, advocate, communicator, and consumer. She is tireless in her advocacy for quality behavioral health services with a focus on the voice and choice of consumers in directing their own care. She puts the wellbeing of others before her own and consistently sets a positive example of how to advocate effectively.



Jo Ellen Woodrow
Consumer Advocate

OPTIONS Help Youth Transition to Independence

By Melodie Pazolt

The Options program helps to prepare and support youth during their transition from youth to independent adulthood. It focuses on community based services including: housing, life skills, employment, and education. Professionals provide strength-based support, advocacy and guidance in helping youth define and achieve their goals, develop self-sufficiency skills, and prepare for life in the real world.

The Options youth program was developed with federal funding in 2002 by the Clark County Department of Community Services and the Columbia River Mental Health Services. A committee of 12 agencies spent a year planning before program implementation. Although federal funding ended in 2006, Options continues to be funded by a combination of Medicaid and state funds and operates from Clark County's Youth House. Small donations, fundraising, and grants have helped youth who need food, basic hygiene products, or work-readiness items.

Some unique elements of this program are the Transition to Independence Process (www.tipstars.org) and concepts adopted from Bruce Anderson's work at Community Activators for training and organizational coaching (www.communityactivators.com).

The Program currently has 80 youth enrolled and has received many accolades and invitations to present, including:

- Providing technical assistance and hosting site visits to a number of programs across the country and Canada.
- Being selected as one of the top five programs in the country to participate in the U.S. Department of Labor's Office of Disability Employment Policy (ODEP) study to identify promising practices for youth with mental health needs transitioning to secondary education and/or employment.
- Being included in the National Collaborative on Workforce and Disability, as a program offering innovative strategies: <http://www.ncwd-youth.info/node/1353>.
- Being included in the book *Transition to Adulthood*.
- Being mentioned in the Carlat Psychiatric Report.

This month the Carlat Report focused on transitional youth ages 16-24. The interview was with Dr. Davis, Director, Learning and Working During the Transition to Adulthood, Rehabilitation Research and Training Center, Center for Mental Health Services Research, University of Massachusetts Medical School. During the interview Dr. Davis described an ideal program or center for transitional youth. As an example she mentioned the Options program which mixes a fun and social environment with skills training and mental health care to help youth with mental illness successfully transition to productive lives.

For more information about the Options program, contact Melodie.Pazolt@dshs.wa.gov.

Options youth have shared the following about their experience with the program:

“

If it weren't for Options I would have run away, I wouldn't be dealing with my problems. You care more for me than my own blood and that keeps me from killing myself.

— John

Youth House and Options helped me when I didn't know I needed help, supported me when I gave up, gave me hope when I lost mine, it's a special place with special people who helped me be proud of me.

— Amir

Youth House and Options helped me when I didn't know I needed help, supported me when I gave up, gave me hope when I lost mine, it's a special place with special people who helped me be proud of me.

— Wes

Every time I go to Youth House, everyone welcomes me like family who care if I am alive. There is no where like it and I don't think I would be alive without it.

— Shantell

No judgement, real people, real answers.

— Chris

”

Become a Recovery Help Line Volunteer

Crisis Clinic has been helping individuals and families in need since 1964. From the beginning, volunteers have been at the heart of our organization. Today, we're inviting you to join our wonderful team!

We offer a variety of volunteer opportunities for both youth and adults, suited to meet your interests and availability. New volunteers are always needed to:

- Answer calls on the 24-Hour Crisis Line or WA Recovery Help Line
- Respond online with Crisis Chat
- Mentor youth volunteers with Teen Link
- Make quality assurance calls for King County 2-1-1

Our volunteers are provided with professional training and supervision, ensuring they have the knowledge and skill to make a difference in the lives of our callers. Training is offered at various times throughout the year. We are currently accepting applications for the next round of training that starts in January. For more information and list of dates, please check out our Training Overview.

To learn more about our Volunteer Program

Visit: <http://www.crisisclinic.org/get-involved/volunteer>

Email: volunteerservices@crisisclinic.org

Call: (206) 461-3210 ext. 697

Now
recruiting for
2013

Prevention Summit Sets Record for Attendance

The November State Prevention Summit lived up to its theme in many ways, including the 750 participants who set a record for attendance. The theme this year was **Prevention is EPIC: Empower, Promote, Innovate, Collaborate**.

The Summit is presented by DSHS/DBHR with primary sponsorship by the Office of the Attorney General. "Many state and community partners are working hard and making progress in creating healthier communities for youth to grow up in," said Chris Imhoff, Director of the DSHS Division of Behavioral Health and Recovery.

"The Prevention Summit provides an excellent opportunity to strengthen our prevention efforts as alcohol and other drugs become more available and promoted in our communities. Young people need to know that alcohol and other drugs can do serious harm to the developing brain, and that most of their peers are making healthy choices," added Imhoff.

During the Summit, Lt. Governor Brad Owen recognized the exemplary work of the following individuals and programs in the field of substance abuse prevention.

EXEMPLARY AWARD	RECIPIENT	COUNTY
Youth Leadership	Wenatchee Youth Coalition	Chelan
Youth Leadership	Quincy Youth Action	Grant
Substance Abuse Prevention Coalition Coordinator	Kelly Matlock	Jefferson
Substance Abuse Prevention Coalition Coordinator	Anne Dean	Jefferson
Substance Abuse Prevention Strategy	Mercer Island Communities that Care Coalition	King
Lifetime Achievement Recognition	Mary Ellen de la Peña	Kitsap
Youth Partner	Breanna Atwell	Mason
School-Based Partner	Gerald Apple	Mason
Substance Abuse Prevention Coalition	Okanogan County Community Coalition	Okanogan
Law Enforcement Partner in Substance Abuse Prevention	Sheriff Frank Rogers	Okanogan
Faith-Based Partner	David Curtis	Pacific
Health Care Partner	Gary L. Schillhammer, M.D.	Snohomish
Lifetime Achievement Recognition	Colonel Jerry Kosierowski	Thurston
Substance Abuse Prevention Coalition Coordinator	Anna Marie Dufault	Yakima

Photos and information about the awardees are available at:

<http://www.lt.gov.wa.gov/speeches/11052012ExemplarySubstanceAbusePAwards.htm>

For more information about the Washington State Prevention Summit visit www.PreventionSummit.org.

New Studies from SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a new report about mental illness experienced by U.S. adults in the past year. The 2011 National Survey on Drug Use and Health (NSDUH) Mental Health Report finds that:

- One in 5 American adults aged 18 or older, or 45.6 million people, had mental illness in the past year.
- The rate of mental illness was more than twice as high among those aged 18 to 25 (29.8 percent) than among those aged 50 and older (14.3 percent).
- Adult women also were more likely than men to have had mental illness in the past year (23.0 percent versus 15.9 percent).

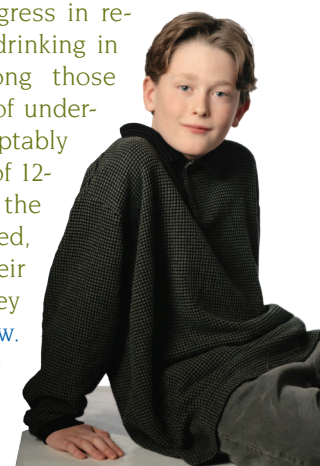
Read more:

<http://www.samhsa.gov/newsroom/advisories/1211273220.aspx>

Underage Drinking Still a Serious Problem in All States

More than a quarter of the American population who are too young to drink are doing so anyway according to a new report issued today by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Although there has been progress in reducing the extent of underage drinking in recent years, particularly among those aged 17 and younger, the rates of underage drinking are still unacceptably high. Not only did 26.6 percent of 12-20 year-olds report drinking in the month before they were surveyed, 8.7 percent of them purchased their own alcohol the last time they drank. Read more: <http://www.samhsa.gov/newsroom/advisories/1211193154.aspx>.



Upcoming Events Click [here](#) for more training resources.



APRIL '13

ALCOHOL AWARENESS MONTH

www.ncadd.org

NATIONAL AUTISM AWARENESS MONTH

www.autism-society.org/about-us/national

NATIONAL CHILD ABUSE PREVENTION MONTH

www.childwelfare.gov/preventing/preventionmonth/index.cfm

13 NATIONAL ALCOHOL SCREENING DAY®

www.mentalhealthscreening.org/events/national-alcohol-screening-day.aspx

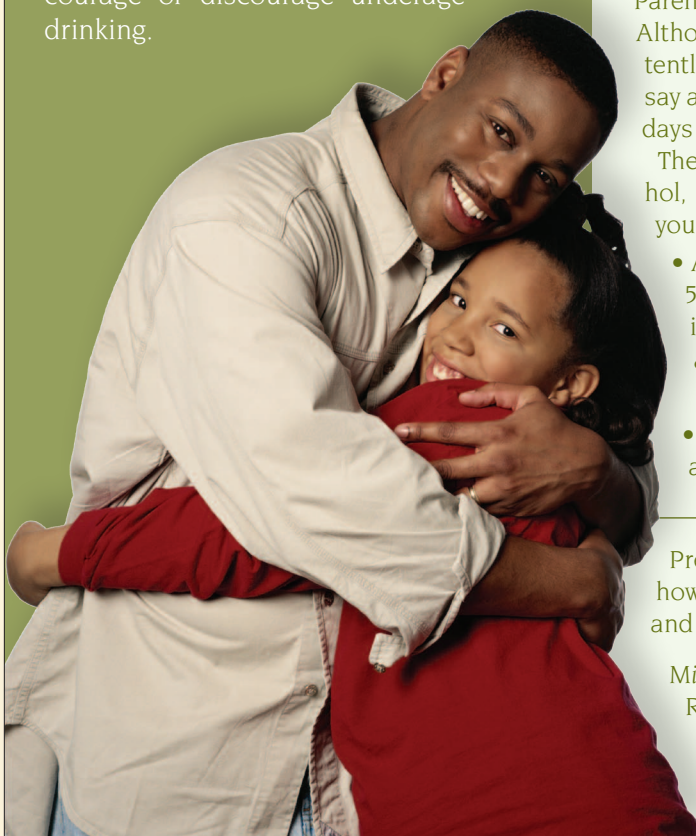
Share news about your prevention, intervention, treatment, and aftercare program. If you have events, success stories, announcements, or a policy/advocacy issue you want to write about, email Deb Schnellman at deb.schnellman@dshs.wa.gov, or call 360-725-3763.

Let's Stop Teen Drinking Tragedies

By Sharon Foster and Michael Langer

The recent deaths of three Washington teens – a 14-year-old Bellingham girl, a 17-year-old boy in Shoreline, and an 18-year-old Washington State University student – remind us just how dangerous alcohol is for minors. As parents and co-chairs of the Washington State Coalition to Reduce Underage Drinking our hearts go out to the families and friends who are suffering these terrible losses.

Before we lose another child, grandchild, student, and friend, let's ask ourselves what we as adults are doing to encourage or discourage underage drinking.



COMMUNITIES MATTER

We are concerned about youth access to alcohol. Recent news reports strongly suggest that stolen liquor is making its way into the hands of teens. Have you wondered what you can do to help create a healthier place for kids to grow up? Each of us has the power to reduce youth exposure to alcohol and its advertising by:

- Showing our children that we can socialize and have fun without alcohol, setting clear rules against underage drinking, and never providing alcohol to those under 21.
- Asking store owners to remove alcohol ads in windows and keep beer away from candy, toys, pop, other kid-friendly items and the store entrance.
- Work with fair boards and community festival coordinators to minimize or eliminate youth exposure to alcohol advertising and promotion.
- Making it harder for youth to get alcohol, and letting adults know it's not ok to give it to teens.

PARENTS MATTER

Parents are the #1 influence on their children's decisions about alcohol. Although their friends and the media also play a role, studies consistently show that parents are the key, and kids pay attention to what they say and do. Opportunities and pressure to drink (especially during holidays and other times for celebrating) are constant in their young lives.

The most important steps parents can take are to lock up their alcohol, never provide it to minors, continue guiding healthy choices with your teens and college students, and give them the facts:

- Alcohol kills more kids than tobacco and illegal drugs combined – 5,000 youth under 21 die each year from underage-drinking related injuries.
- One in five tenth graders will binge drink (five or more drinks in a row) in the next two weeks.
- Alcohol causes damage to the developing teen brain, putting them at greater risk for learning problems and addiction.

Preventing underage drinking tragedies is up to all of us. Find out how to join others in your community to reduce underage drinking, and get tips for talking with youth, at www.StartTalkingNow.org.

Michael Langer and Sharon Foster co-chair the Washington State Coalition to Reduce Underage Drinking. Michael Langer administers statewide drug prevention programs at the state Division of Behavioral Health and Recovery. Sharon Foster is the Chair of the Washington State Liquor Control Board.